

## REQUEST FOR REIMBURSEMENT

Please email the completed form to [bmvhhearings.pdreimburse@maine.gov](mailto:bmvhhearings.pdreimburse@maine.gov).  
For inquiries, please call 207-624-9000 Extention 52113 (TTY Users Call Maine Relay 711).

DATE OF REQUEST:  
DEPARTMENT NAME:  
ADDRESS:  
TELEPHONE NUMBER:  
CONTACT PERSON:  
MAKE CHECK PAYABLE TO:

BMV use only: **APPROVED FOR REIMBURSEMENT:** **DATE:**

[illegible]

GRAND TOTAL:

**FOR BMV USE ONLY**

VENDOR CODE:

DOC NUMBER:

01	012-29B-2220-042	4969
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02 012-29B-2220-042 4970

**DOC TOTAL:**

BMV APPROVAL: